

Form 1-A
Rev. 4/05

STATE OF HAWAII
EMPLOYEES' RETIREMENT SYSTEM
City Financial Tower, 201 Merchant Street, Suite 1400, Honolulu, Hawaii 96813-2980
www2.hawaii.gov/ers

CONTRIBUTORY/HYBRID PLAN DESIGNATION OF BENEFICIARY

Name: _____ Social Security No.: _____ - _____ - _____
(First) (M.I.) (Last)

Mailing Address: _____ Date of Birth: ____/____/____
City/State: _____ Zip Code: _____ Department: _____

Check one: _____ Existing Member Home Phone: _____
_____ New Member Business Phone: _____

****PLEASE READ INSTRUCTIONS ON THE BACK BEFORE COMPLETING THIS FORM****

I, hereby designate the following beneficiary(ies):

Primary Beneficiary(ies)					
Name	SSN	Relationship	Birth Date	Address (including City, State and Zip Code)	Percentage

Contingent Beneficiary(ies)					
Name	SSN	Relationship	Birth Date	Address (including City, State and Zip Code)	Percentage

as the beneficiary or beneficiaries whom I request the Board of Trustees (Board) of the Employees' Retirement System (ERS) of the State of Hawaii to pay in the event of my death in service, the Ordinary Death Benefits as provided under Section 88-84, HRS, as amended, and to whom I request said Board to pay, in the event of my death after separation from service, my accumulated contributions remaining in the System as provided under Section 88-96, HRS, as amended.

I fully understand that, should I die as the result of an accident in the performance of duty, the beneficiary or beneficiaries as designated above shall receive only the accumulated contributions standing to my credit in the ERS and that, in lieu of the ordinary death benefit provided by the contributions of the State or County, the pension payable on my account as provided under Section 88-85, HRS, as amended, shall be paid to my spouse or reciprocal beneficiary, children or dependent parents in accordance with the provisions of the aforementioned section; proof of dependency to be established by the beneficiary at the time of death.

I hereby authorize the Board of the ERS to make payment to the beneficiary or beneficiaries whom I have above nominated and agree on behalf of myself and my heirs and assigns, that payment so made shall be complete discharge of the claim and shall constitute a release of the System from any further obligation on account of the benefit. I hereby direct that, should I survive any or all of the before mentioned beneficiaries, the amount which otherwise would have been payable to such beneficiary or beneficiaries shall be paid to my estate or to such other beneficiary or beneficiaries as I shall hereafter nominate, by written designation filed with the ERS of the State of Hawaii in accordance with the rules and regulations prescribed by the Board.

(Signature) _____ Date _____
(Your signature must be acknowledged before a Notary or other duly authorized officer.)

State of Hawaii)
) SS.
City and County of _____)

On this _____ day of _____, 20 _____ personally appeared before me the said named _____ to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) execute the same as his (or her) free and voluntary act and deed.

Affix your
Official Seal

Notary Public, State of Hawaii
My commission expires _____

(over)